

VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

Date: 02/04/19

By Fax & Email

To: Lonpac

Attn : Motor Claims Department

Re: Accident involving motor vehicle Nos. SFS301K and SKW5046J
along AYE towards MCE (After Alexandra Road Exit 6) on 02/04/2019

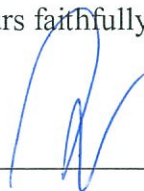
We refer to the above matter.

We are instructed by Won Yen Jun to notify you of a road traffic accident
on 02/04/2019 at about 11:50 at AYE towards MCE (After Alexandra Road Exit 6)
involving our client's/customer's vehicle registration number SFS301K and vehicle
registration number SKW5046J driven by you at the material time.

As a result of the accident, our client's /customer's vehicle has been damaged. Before our
client/we proceed to repair the damaged vehicle, please let us know within 2 working days of
your receipt of this notice whether you or your insurer would like to conduct a pre-repair
survey of the vehicle. If we do not receive any reply from you within the stipulated timeline,
our client/we shall proceed to repair the vehicle without further reference to you.

Thank You

Yours faithfully



Abby

Hp : 9856 4815

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/04/2019 15:56
Date Of Accident	02/04/2019 11:50
Exact Location Of Accident	AYE TWDS MCE AFT ALEXANDRA RD EXIT 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS301K
Insured/Policyholder	
Name Of Registered Owner	MR WON YEN JIUN
NRIC No	S7704011J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83864667
Alternative Phone No	OTHERS-83864667

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3012461800
Cover Note Number	

Driver

Name of Driver	MR WON YEN JIUN
NRIC No	S7704011J
Date Of Birth	29/01/1977
Occupation	INDOOR
Date Of Driving Pass	13/08/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83864667
Fax Number	
Contact Number	OTHERS-83864667
EMail Address	NOEMAIL

Address	BLK 168 STIRLING ROAD #06-1195
Postcode	141168
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : NING YU LING GENDER: : FEMALE
Passenger 2	NAME: : WON JIA LIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW5046J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or giving the edge of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out an overdosing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may be disclosed by any of the insurers and the GIA to a third party service providers or agent including their lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile and maintain my file for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information collected under the above may be shared to:
 - (i) to a lawyer(s) and/or any other third parties that assist in evaluating, investigating, controlling or managing claims;
 - (ii) regulators, law enforcement and government agencies as occasionally required for the purposes stated in (i);
 - (iii) for compliance with requirements under any regulations, laws or court orders.

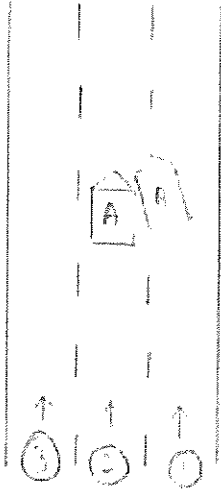
Insured's Signature
(Date & Time)

Driver's Signature
(If different from the policyholder)
(Date & Time)

Reported Person's Signature (If different from Insured's)
(Date & Time)

Accident Sketch Plan

SKETCH PLAN



A = 875 301 K

B = 522 741 7

A/E towards 11/12

(After accident at 12/4/17)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After 11/12

DECLARATION

We declare the following to be a true and correct report

[Signature]
 Date & Time

[Signature]
 Date & Time


[Signature]
 Date & Time

Individual Statement

On 02.04.19 at about 11:50 hours along AYE towards MCE (After Alexandra Road Exit 6). I was travelling straight on the lane 2, suddenly vehicle (B) from my right cut into my lane and collided onto right hand side portion of my vehicle (A). I wish to state that I have 2 passengers inside my vehicle (A).

Vehicle (A): SFS 301K

Vehicle (B): SKW 5046J

A handwritten signature in black ink, appearing to be 'J. Smith', written in a cursive style.